MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041065
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 127

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1928		
2	0928		
3			
4	0		
5	0		
6			
7	0		
8	1		
9	7730		
10			
11			
12	1-0		
13	5-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 30 1963

1. PLACE OF DEATH
a. COUNTY St. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St CHARLES
Length of stay in 1b —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. JOSEPHs HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE NONE b. COUNTY NONE
c. CITY OR TOWN NONE
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) NONE
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle WILLARD Last WILLIS

4. DATE OF DEATH Month October Day 26 Year 1963

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-26-63

9. AGE (last birthday)

IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours 1 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and state or country) St. CHARLES, MO. St Charles Co.

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME LAWRENCE WILLARD WILLIS

13b. MOTHER'S MAIDEN NAME SHARON Kay Mitchell

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Sharon Mitchell Willis Address 819. S. SIXTH ST CHARLES MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
(a) extra uterine

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Birth to Oct 26, 1963 and last saw ~~him~~ her alive on Oct 26 1963
Death occurred at 11:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jerrold J Deering MD

22b. ADDRESS 207 N. Fifth St

22c. DATE SIGNED 10-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 10-28-1963

23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) (State) ST. CHARLES MISSOURI

24. FUNERAL DIRECTOR ADDRESS ARTHUR C. BAUE St. CHARLES, Mo.

25. DATE RECD. BY LOCAL REG. 10-28-63

26. REGISTRAR'S SIGNATURE Palmyra Stewart

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Connie L Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.